



REQUEST FOR PROPOSALS

Luzerne County Community College will receive proposals for **WORKER'S COMPENSATION INSURANCE**. If you wish to submit a proposal, please do so before Noon local time on **MONDAY, November 4, 2024** at which time the proposals will be publicly opened and read aloud. Proposals must be sealed and plainly marked "**PROPOSAL FOR WORKER'S COMPENSATION INSURANCE**" and delivered or mailed to:

**PURCHASING DEPARTMENT
LUZERNE COUNTY COMMUNITY COLLEGE
521 TRAILBLAZER DRIVE
NANTICOKE PA 18634-3899**

Proposers may attend the opening, which will be held in the Meeting Room of the Administration Building (Building #5, Room 519). Questions may be directed to Len Olzinski (570) 740-0370.

ATTACHMENTS: LOSS RUNS

WORKER'S COMPENSATION INSURANCE

The Worker's Compensation Plan must be a participating dividend plan but anticipated dividends must not be included in the price.

CLASSIFICATION: SCHOOLS & COLLEGES
ESTIMATED REMUNERATION: \$22,700,000.00
EMPLOYEES: 293 FULL-TIME 24 PART-TIME

SEPTEMBER 1, 2024 EXPERIENCE MOD. from PCRB is .914 for 2024

Limits: \$500,000 - \$500,000 - \$500,000

Policy period is from January 9, 2025 to January 9, 2028

TOTAL: \$ _____

MONTHLY PAYMENTS: \$ _____ ADDITIONAL COST: \$ _____

QUARTERLY PAYMENTS: \$ _____ ADDITIONAL COST: \$ _____

Underwriter: _____

Company Name: _____

Address: _____

Typed Name and Title: _____

Signature: _____ Telephone(____) _____ Fax: (____) _____